

FOREWORD

The Washington State Military Department sincerely appreciates the cooperation and support from those agencies, departments, and local jurisdictions which have contributed to the development and ultimate publication of change five to the 2004 *Integrated Fixed Facility Radiological and Chemical Protection Plan*.

The Plan provides a one-source document for the many fixed facilities (Columbia Generating Station, USDOE-RL, and Umatilla Chemical Depot), U.S. Naval Nuclear Propulsion Program installations (Submarine Base Bangor, Puget Sound Naval Shipyard, Naval Station Bremerton, and Naval Station Everett), eight Washington counties, and multiple state and federal agencies that are directly involved in emergency planning for these facilities. The Plan supports the *National Response Plan*. It should be appended to Emergency Support Function 10, Hazardous Materials, of the *Comprehensive Emergency Management Plan*.

The *Integrated Fixed Facility Radiological and Chemical Protection Plan* is one of the many efforts to be better prepared for emergencies or disasters. It moves the state one step closer to being able to minimize the impacts of emergencies and disasters on people, property, the economy, and the environment of Washington State.

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RECORD OF REVISIONS

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The efforts of much of the State Emergency Management Division have also helped make this a successful team effort.

INTEGRATED FIXED FACILITY RADIOLOGICAL AND CHEMICAL PROTECTION PLAN

SUGGESTIONS FORM

Dear Reader:

Fill in your name, title, agency, street address, email address, phone and fax number. There are three review sections: (1) Basic Plan, (2) Annexes, (3) Appendices. Fill in the blanks regarding the location of information in the plan being reviewed. Attach marked-up copies to this sheet with any suggested changes for each of the three separate sections. Make other suggestions or comments in the space provided below. Add extra sheets as necessary. Thank you for your contribution effort and for taking the time to provide your recommendations.

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City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Basic Plan: _____ Annexes: _____ Appendices: _____

Chapter: _____ Page: _____ Section: _____ Paragraph: _____

Suggestions or Comments: _____

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